

APPLICATION FOR VITAL RECORD SEARCH

REBECCA R. KRAEMER

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FOR OFFICE USE ONLY:

FOR DEATHS	CHECK ONE
MEDICAL	
CORONER	
FETAL	

STATE OF ILLINOIS)
) SS
COUNTY OF EDGAR)

FOR OFFICE USE ONLY: REF: _____

DATE: _____

I hereby request a search and certification of a birth/ death/ marriage (circle one) record of
_____ who was born/ died/ married (circle one) on
the _____ day of _____, _____.

Father's name _____

Mother's maiden name _____

NUMBER OF COPIES _____

FEE ENCLOSED _____

Signature of Applicant

Phone Number: _____

Residential Address

City, State, Zip

Relationship: Self (18 yrs of age)

(Circle One) Parent

Legal Guardian (enclose Guardianship papers)

Legal Representative

Spouse

Government Agency (Name) _____